

PENSION OR WORKERS COMP VERIFICATION

DATE: _____ RE: _____
TO: _____

TO WHOM IT MAY CONCERN:

The person listed above has indicated that he or she is receiving payment from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy

Sincerely,

Project Management Agent

You are hereby authorized to furnish all information requested on this inquiry.

SIGNED _____ **Date** _____

Weekly _____ Monthly _____ Payments to Employee \$ _____

Weeks or amount will to be paid _____

Effective Date _____ Ending Date if known _____

Retirement Pension Number _____

Current Gross Monthly Retirement Income \$ _____

Total Gross Pension Income Expected for the Next 12 Months \$ _____

Remarks: *(Please indicate any anticipated changes.)* _____

By _____

Date: _____

Title _____

Telephone: _____

PLEASE RETURN TO: